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**30163**

PATENT TRADEMARK OFFICE

**FACSIMILE TRANSMITTAL SHEET**

TO:	FROM:
Group 2816	Bruce A. Johnson
Attn: Examiner LE, DINH THANH	
COMPANY:	DATE:
USPTO	08/06/03
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
703-872-9318	13
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
703-305-3790	75622.P0016
RE:	YOUR REFERENCE NUMBER:
BEFORE FINAL RESPONSE	09/686,072

NOTES/COMMENTS:

Re: U.S. Patent Application for:  
"METHOD AND APPARATUS FOR REDUCING INTERFERENCE"  
Applicant: Welland et al.  
Serial. No.: 09/686,072  
Filed: 10/11/2000  
Atty. Docket.: 75622.P0016

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AUG - 6 2003

Attached are the following:

1. Preliminary Amendment (11 pages)
2. Transmittal Form (PTO/SB/21)

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Bruce A. Johnson**CONFIDENTIALITY NOTE**

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PTO/88/21 (12-97)

Approved for use through 10/31/2002. OMB 0651-0031

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/686,072
		Filing Date	10/11/2000
		First Named Inventor	Welland, David R.
		Group Art Unit	2816
		Examiner Name	LE, DINH THANH
Total Number of Pages in This Submission	13	Attorney Docket Number	75622.P0016

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request of Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): - fax cover sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Johnson & Associates Bruce A. Johnson
Signature	
Date	August 6, 2003

CERTIFICATE OF TRANSMISSION	
I hereby certify that this correspondence is being transmitted to the United States Postal Service by fax on this date: 8/6/2003	
Typed or printed name	Bruce A. Johnson
Signature	
Date	August 6, 2003

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